FORM PTO-

## THE COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the Patent application of Inventor: TIMOTHY CHUTER

EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIR OF ANNEURYSM AND METHOD FOR IMPLANTING Enclosed are: sheets of drawing. (Informal) An assignment of the invention to A certified copy of a application. A verified statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27. DECLARATION AND POWER OF ATTORNEY (Unsigned) The filing fee has been calculated as shown below: OTHER THAN A (Col. 1) (Col. 2) SMALL ENTITY SMALL ENTITY FOR: NO. FILED NO. EXTRA RATE FEE RATE FEE BASIC FEE OR \$315 \$630 TOTAL CLAIMS 23 -20= x10 OR x20 3 \$ 60 INDEP CLAIMS -3= 2. X30 \$ OR x60 \$120 x100 S OR x200 \$ MULTIPLE DEPENDENT CLAIM PRESENTED \* If the difference in Col. 1 is less than zero. TOTAL OR TOTAL. enter "0" in Col. 2 810

Please charge my Deposit Account No. 11-0600 in the amount of \$810
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Any patent application processing fees under 37 CFR 1.17.

The issue fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

X Any filing fees under 35 CFR 1.16 for presentation of extra claims.

Date: October 2**5,** 1991

(AB143802318)

RESPECTFULLY SUBMITTED KENYON & KENYON

1 BKOADWAY; NEW YORK, N.Y. 10004

RICHARD L. MAYER, ESQ.

Reg. No. 22,490



Docket No. 1217/1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant

Timothy Chuter

Serial No.

: Not Assigned

Filed

Herewith

For

EXPANDABLE TRANSLUMINAL GRAFT

PROSTHESIS FOR REPAIR OF ANEURYSM AND

METHOD FOR IMPLANTING

Examiner

Not Assigned

Group Art Unit

Not Assigned

Hon. Commissioner of Patents and Trademarks

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Washington, D.C. 20231

## APPLICATION UNDER 37 C.F.R. §§ 1.41(c) AND 1.53(d)

SIR:

The undersigned attorney for Applicant hereby makes application for Letter Patent under 37 C.F.R. §§ 1.41(c) and 1.53(d) on behalf of the above-identified Applicant whose address is indicated on the enclosed unsigned Declaration and Power of Attorney.

Please address all communications concerning this application to:

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Respectfully submitted,

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## EXPRESS MAIL CERTIFICATE

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TITLE: EXPANDABLE TRANSLUMINAL GRAFT PROSTHESIS FOR REPAIR OF ANNEURYSM AND METHOD FOR IMPLANTING